

PVO 01/2014


# COMMUNITY WORKING GROUP ON HEALTH

*Health is your Right and Responsibility*



## 2020 Annual Report

 Facebook: **CWGH**

 Twitter: **@CWGH1**

 [www.cwgh.co.zw](http://www.cwgh.co.zw)

## CWGH VISION

A society in which Health Rights and equitable Health Services are realised.

## MISSION STATEMENT

To enhance community participation in health through advocacy, networking, digitalisation, research and development

## CORE VALUES

### a) ACCOUNTABILITY

Being answerable to our beneficiaries, donors, other stakeholders and our structures

### b) INTEGRITY

Being truthful, reliable, honest with good social standing

### c) TEAMWORK

Ability to work together towards the same goal regardless of personal differences (Cooperation and Collaboration)

### d) NON-PARTISAN

Not aligning ourselves to any political party

### e) DIVERSITY

Acceptance and respect of individual differences and uniqueness

### f) ENVIRONMENT CONSCIOUS

Uphold environmental protection

## GOAL

Organised and health literate communities that are able to claim their rights.

*Health is your Right and Responsibility*

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## 1.0 Introduction to CWGH

HEALTH has long been one of the most important social concerns of Zimbabwean people. Major gains were achieved in the 1980s through joint and complimentary action between the health sector and communities. However, the combined impact of AIDS, structural adjustment, and real reductions in the health budget and in household incomes, has reversed many of these gains. The quality of health care has declined, and health workers and their clients have become demoralized. Communities have had to take on more and more responsibility for looking after the ill, by providing home-based care, paying for their health care and dealing with their health problems. Despite this critical involvement, they have been little more than passive observers of changes to the health system itself.

By the late 1990s a wave of strikes amongst health workers signalled that health workers were also not happy with the situation. While a lot of attention was given to the strikes by doctors and nurses, those working at clinic level and in communities also lost wellbeing and morale. As 2000 approached, "health for all" seemed like an empty promise. As a result of this situation, several national civic organizations came together in 1997 to review the current state of affairs in the health sector and look at ways in which communities could achieve greater control of their own health.

The first step was to carry out research on communities' and civic organizations' perceptions of health and health services in Zimbabwe. The survey brought up concerns about the inadequacy of public funds for health, the declining quality of public health services, the negative attitudes of providers and the weaknesses of current mechanisms for expressing community participation in health. After the finalization of the Survey Report in January 1998, a meeting of constituent organizations was held to review the outcomes; examine the health, and health care, priorities they implied; and suggest strategies for implementing these priorities. The participating civic groups decided to form a network of organizations called the Community Working Group on Health (CWGH), with

a responsibility to add weight to their input in health policy negotiations and maximize the effect of their joint actions in the health sector. In March 1998 they came together and discussed the feedback they had received. The CWGH members invited the associations of health professionals and representatives of government, churches, the private sector, NGOs and traditional health providers in order to identify conflict or consensus over community views and strategies. The result was a final report and Community Views on Strategies for health in Zimbabwe, which summarized the perspectives and experiences of CWGH and communities organizing for health in Zimbabwe.

After the establishment of the CWGH, it started working on a number of programs including establishing local CWGH fora at district level. These fora comprise representatives of all civic groups in the local authority area and in the immediate surrounding peri-urban, rural and urban areas. They have an elected committee comprising a chair, vice chair, secretary and three committee members from among the local civil society groups. These local CWGH fora co-ordinate local activities including education and health action, and link civil society groups with all health providers (public, private, traditional, NGO) and local authorities on health issues. They inform their members of national and local CWGH activities, policies and issues; promote health actions within their organizations and area; and take up health issues raised by communities with health providers.

The CWGH also advocates for the establishment of health centre committees and district health boards that involve local councillors, civic groups and health providers to enable participation and effective links between members of the public and health providers. It advocates for hospital advisory boards to include civil society organizations, particularly those that represent hospital users. This enables civil society participation in the planning and implementation of health activities in a more substantive manner, including in respect of CWGH activities.

CWGH is a registered PVO - No.01/2014.



## 2.0 Governance and Policy

The 40 national, civil society and community based organizations that make up the CWGH constitute the 'national membership' of the CWGH. Each organization nominates a person to represent them in CWGH through their governing bodies. They come together at the Annual General Meeting (AGM) where they elect an executive committee. The AGM brings members to discuss politics of the CWGH and plan future work.

The CWGH also has a Board of Trustees nominated by the membership. The Executive Committee is the Management Committee of the CWGH and makes decisions on the policies and programmes of the organization. The Board of Trustees oversees the policy formulation to make sure that what is done is in line with the aims and objectives of the organization.

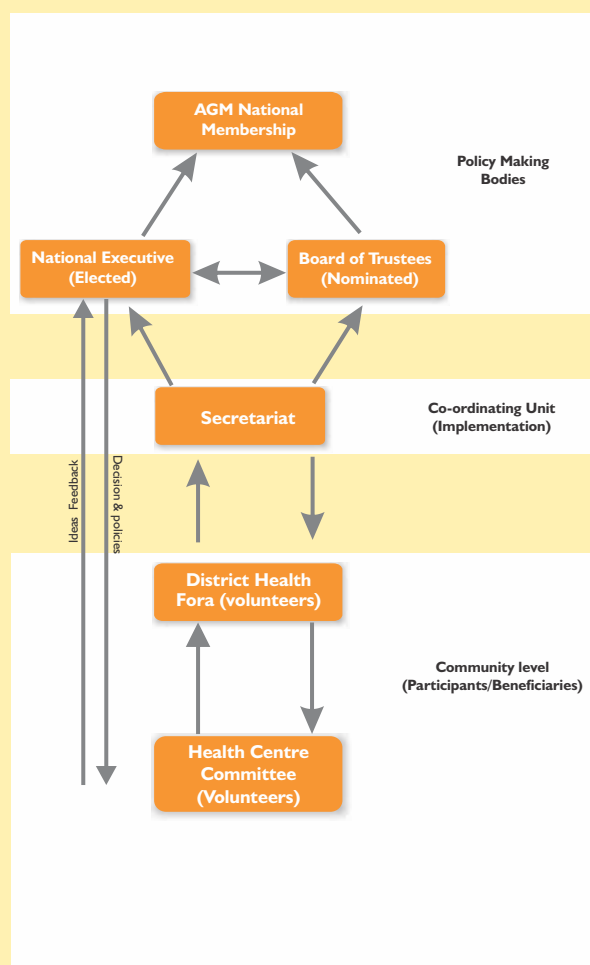
The secretariat is responsible for coordinating and implementing the CWGH programmes in all its districts. The secretariat has full-time staff that provides training, gives logistic support to local activities and manages the resources to support the programmes. The secretariat reports to the membership through the Executive Committee.

There are also District Health Forums (volunteers) which are made up of a chair, vice chair, secretary and four other committee members chosen from among the local civic groups. The committee is responsible for coordinating local activities, and working with all civic groups, local government leaders and health providers on health issues in their area through joint meetings.



CWGH Executive Committee Members elected at the 2020 AGM

## 3.0 Organisational Structure



### THE EXECUTIVE MEMBERS

**Mrs Maria Masunda - Chiwera** - Chairperson  
(Women Action Group)

**Mr Tonderai Chiduku** - Treasurer (Zimbabwe National Network of People Living with HIV)

**Mr Desmond Ntini** - Committee Member  
(Zimbabwe Council of Churches)

**Mrs Anna-Collator Penduka** - Committee Member  
(Women and AIDS Support Network)

**Mr John Ngirazi** - Committee Member (Zimbabwe Congress of Trade Unions)

**Mrs Entrance Takaidza** - Committee Member  
(Zimbabwe Human Rights Association)

**Mr Thomas Chikumbirike** - Committee Member  
(Counselling Services Unit)

### BOARD OF TRUSTEES

**Dr Dickson Dick Chifamba**  
- Chairperson

**Sr. Maria Magdalena Savanhu**  
- Vice Chairperson

**Mr Shepherd Shamu**  
- Health Economist

**Dr Portia Manangazira**  
- Public Health Specialist

**Mr Norbert Dube**  
- Civil Society Activist

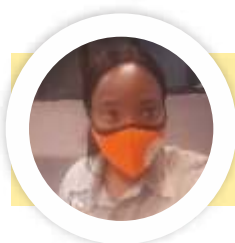
**Hon Rogers Matsikidze**  
- Legal Advisor

**Mr Farai Edwin Chitsa**  
- Human Resource Specialist

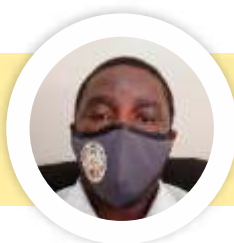
## 4.0 Staff and Interns



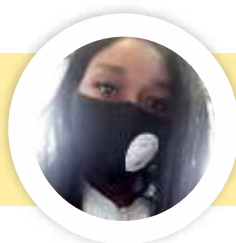
**Itai Josh Rusike**  
Executive Director



**Nonjabulo Mahlangu**  
Team Leader



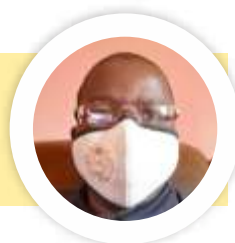
**Takada Masiyiwa**  
Finance Officer



**Moreblessing Chibaya**  
Accounts Clerk



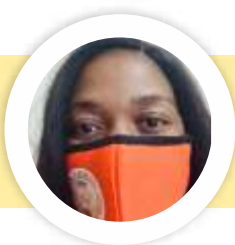
**Edgar Mutasa**  
Health Literacy Officer



**Caiphas Chimhete**  
Information and  
Communications Officer



**Tafadzwanashe Nkrumah**  
Programme Officer



**Mandy Mathias**  
Programme Officer



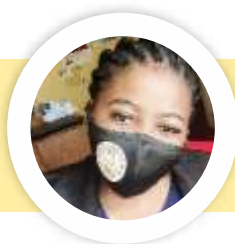
**Tanyaradzwa Munouya**  
Programme Officer



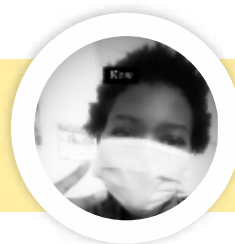
**Mongi Khumalo**  
Programme Officer



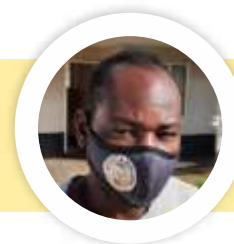
**Sandra Machingauta**  
Office Assistant



**Thabiso Sibanda**  
Intern



**Tjedu Moyo**  
Intern



**Tedious Tembo**  
Maintenance Officer

## 5.0 Foreword: Board of Trustees Chairperson

**Dr Dickson Dick Chifamba**

The massive decline in the public health sector in 2020 was a major crisis for poor people in Zimbabwe. It left many people starkly exposed to severe health risks and failing to enjoy their Right to Health as enshrined in the country's Constitution.

This has been worsened by the Covid-19 pandemic which continues to afflict the country. As such, we continued to urge the people to mask-up, practise high personal hygiene and physical distance to protect against the deadly disease. While the Covid-19 Lockdown Restrictions were necessary, they also disrupted access to essential health care services especially for people with chronic illnesses, maternal and child health care services.

The country continued to experience an economic meltdown characterised by strikes by health workers, shortages of drugs and high cost of basic commodities including medicines at times charged in foreign currency. Inflation eroded people's savings and workers' salaries and wages.

The shrinking operating space for NGOs in the country is an issue of major concern. This has been worsened by the dwindling funding support to most local organisations. Some have even closed shop as donors focus on other more needy regions.

I am however delighted that as CWGH, we have managed to pull through and registered remarkable successes in a



**Dr Dickson Dick Chifamba**

number of areas. CWGH continued to register successes in advancing the right to health through vibrant community participation in health services and advocacy to ensure policy change for the benefit of ordinary people of the country.

During the course of the year, the organisation managed to come up with the CWGH Strategic Plan 2020-2025, a document that provides a roadmap and guide the implementation of the organisation's policies and activities in the next five years.

I am elated that in 2020, CWGH managed to regularise and effected the change of use of our Harare office from residential to business with the City of Harare. We have now erected a billboard directing visitors to the organisation.

As recognition of our sterling work, the CWGH continues to be appointed to various health statutory boards and committees by the Ministry of Health and Child Care.

With such dedication and perseverance to work exhibited by CWGH management and staff in 2020, I foresee a prosperous 2021.

**Dr Dickson Dick Chifamba**  
**Chairperson – CWGH Board of Trustees**



**CWGH Team Leader Nonjabulo Mahlangu assisting with the counting of the Election Ballots at the AGM for the CWGH Executive Committee**



## 6.0 Executive Committee Chairperson's Remarks

### Mrs Maria Masunda - Chiwera

The year 2020, has been a difficult year not only for the health sector but for all economic sectors and this was exacerbated by the Covid-19 pandemic. As a result, many Zimbabweans struggled to access health care services or afford to put food on the table due to loss of jobs and incomes.

The Covid-19 pandemic, which came with tight restrictions on people's movement, made the situation even worse. The impact was undoubtedly most severe on patients with chronic illnesses such as hypertension, diabetes or HIV/AIDS. A number of those on ART defaulted resulting in serious health complications and at times even death.

In the absence of functioning national safety net, many poor families, the disabled and the majority of the informal sector workers ran out of food and other basic household needs. They had little or no savings of their own.

The health delivery system was overwhelmed by the Covid-19 patients due to the limited bed capacity and shortages of staff while frontline health workers had challenges accessing suitable personal protective equipment (PPE) thereby exposing themselves to the risk of infection.



Mrs Maria Masunda - Chiwera

I am however proud to say that CWGH played a critical role during the Covid-19 pandemic through health education, in information and awareness activities in communities; distribution of PPEs and other medical sundries; training of community health workers (CHWs) on Covid-19 literacy; production of advocacy press statements which also reproduced in newspapers, TV, Radio and on social media.

We also managed to secure 75 bicycles from World Bicycle Relief (WBR) and distributed to CHWs - mostly village health workers (VHWs) in nine districts across the country. This boosted their morale and made their work faster and easier.

CWGH believes that addressing the country's onerous health challenges requires total political commitment to implementing the Primary Health Care (PHC) concept to achieve Universal Health Coverage (UHC) to ensure that every Zimbabwean enjoys his/her right to health. Zimbabwe needs a renewed commitment to health and well-being for all based on UHC and should locate PHC as a necessary foundation to achieve UHC.

I pray for a brighter and more prosperous 2021.

**Mrs Maria Masunda - Chiwera**  
**Executive Committee Chairperson**



We mourn the late Mrs Farai Cherera, a long time CWGH Member who was representing the National Council of Disabled Persons of Zimbabwe in the CWGH National Network

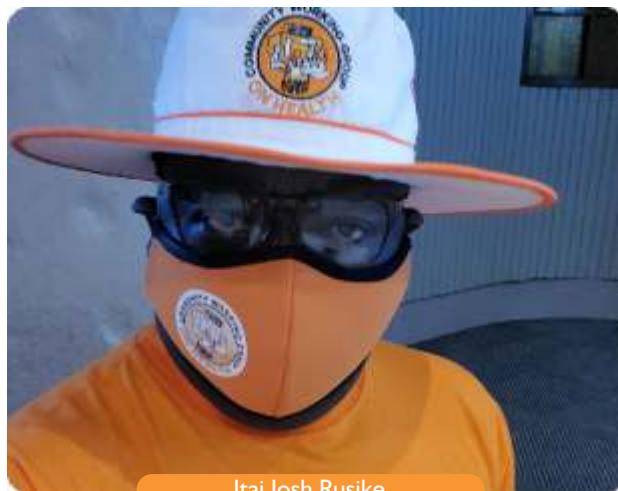
## 7.0 Letter from the Executive Director

Itai Josh Rusike

The year 2020 has been unusual with so many disruptions - some COVID 19 related and some as a result of our own policy inconsistencies, inefficiencies and corruption. COVID 19 negatively affected the running of almost all primary health care services – with a number of urban clinics closed or offering limited services. Rural health centres remained open, but with limited access by communities as a result of the restricted movements. Hospital care remained severely constrained as a result of the COVID 19 restricted access, but also largely as a result of the lack of medications, hospital sundries and Personal Protective Equipment (PPE), and labour withdrawals due to perpetual strikes by health personnel for improved wages and supply of PPEs.

The year 2020 also saw the restructuring of the Ministry of Health and Child Care (MOHCC) into 5 levels – primary, secondary, tertiary, quaternary and the quinary and higher research level – all anchored on a new hierarchy, organised strategic partnerships and a sustainable funding model with better health care and productive and well remunerated health workforce. The restructuring was informed by the need to improve effectiveness, efficiency and integration' of the ministry with other national institutions.

This year is another opportunity to demonstrate solidarity, realizing that the COVID-19 pandemic has disrupted the provision of essential health care services and putting vulnerable people at risk. Sadly, the COVID-19 pandemic is disrupting health service provision as well as reversing gains made in various health challenges including HIV and



Itai Josh Rusike

AIDS. So much was expected of the 2021 National budget given the current COVID-19 pandemic.

The leadership and engagement of communities is necessary for a successful COVID-19 response. Putting people at the center of the COVID-19 response and grounding the efforts in human rights is key to ending the two diseases.

There is need for greater commitment to health through increased allocation of domestic and international resources for health and the efficient allocation and use of the resources. This will help defeat COVID-19 and prevent further loss of gains towards the critical fight against COVID-19. Efforts to defeat the disease must guarantee that everyone, everywhere, has access to the healthcare they need whenever they need it. No one should be left behind because healthcare is a human right whose access should not at all depend on a person's financial prowess.

The COVID-19 crisis is a wake-up call, an opportunity to invest better and together for desired health outcomes.

In our Annual Report 2020, we invite you to read and follow our progress in implementing our advocacy and community work.

**Itai Josh Rusike**  
**CWGH Executive Director**



## 8.0 Information & Communication - Adapting to the New Normal during Covid-19

### BACKGROUND - "THE NEW NORMAL"

The outbreak of Covid-19 in early 2020 in Zimbabwe required a substantial shift from the conventional way people interacted and communicated across the country. This shift also meant that CWGH had to adapt to the "New Normal" way of communication, which involved intensive use of on-line modes of communication away from the in-person conversations or physical meetings. The "New Normal" entails video conferencing, phone calls, texts, or email, and wearing masks as well as practicing physical distancing.

### Even internal meetings were held virtually

CWGH social media platforms such as Twitter, Facebook and the Website continued to play a crucial role in publicising programme activities, events as they happened as well as the organisation's policies and regulations. Presently, the website is undergoing a major facelift to give it a new and a more interactive look.

### Newspaper and on-line blogs

Several articles generated by CWGH or quoting the executive director appeared in several newspapers, radio, television and blogs highlighting challenges in the health sector as well as proffering possible solutions. This also further strengthened the CWGH brand, which is now an international brand.

On a weekly basis, the department churned out informative and educative press statements focusing on different and topical health issues that week which were turned into news articles by different media houses.

**Health Matters Magazine** - At least two articles on how farming communities in Mutasa district in Manicaland province were coping with Covid-19 outbreak and

another one on youths raising awareness on gender-based violence in Matabeleland region. The magazine is read by all those involved in the health sector locally and internationally.

### Budget Advocacy Training for Journalists

The department convened the CWGH health budget advocacy training workshop for journalists in Zimbabwe to build their capacity and willingness to cover health budget issues as well as sensitise and inform them of relevant health budget issues.

### Challenges and future plans

The absence of modern gadgets has made it difficult for the department to fully utilise the Twitter, Instagram and Facebook, to communicate with its publics as events happen. The plan is continue with fundraising efforts for the purchase of smart-phones to ensure fast and reliable communication.



The late ZUJ Secretary General Foster Dongozi Officially opened the Budget Advocacy Training Workshop for Journalists hosted by CWGH in Harare

## 9.0 HIV/AIDS Prevention from a Gender and Sexuality Perspective in Chitungwiza Urban / Community Centred Advocacy and Awareness on COVID-19

Supported by the Embassy of France



### BACKGROUND

The HIV/AIDS Prevention from a Gender and Sexuality Perspective Project began in November 2019 supporting the government efforts to halt and begin to reduce the spread of HIV/AIDS by 2030 in Zimbabwe. The project worked with HCCs and City Health Promoters (CHPs) in Chitungwiza to strengthen community-based interventions on HIV/AIDS prevention. Implementation of activities was then affected by the Covid-19 pandemic and there was need to refocus the project to Community Centred Advocacy and Awareness on Covid-19. In response to Covid-19, the Embassy of France supported CWGH in strengthening government efforts towards empowering community health structures.

### 1. HIV/AIDS Prevention from a Gender and Sexuality Perspective in Chitungwiza Urban

The project revived information dissemination on HIV and AIDS prevention in communities particularly targeting the Adolescent Girls and Young Women (AGYW) and people living with disabilities. This was because there was limited information, education and communication on skilled based HIV and Adolescents Sexual Reproductive Health from parents, teachers and health providers to adolescents.

#### Activities

##### Youth Friendly Services Training for Nurses

CWGH facilitated the training of 2 of its officers and 8 nurses by the Zimbabwe National Family Planning Council

(ZNFPCC) with 2 nurses from each of the four clinics under the project in Chitungwiza. This training was necessitated by the request from the Chitungwiza Health Directorate as they pointed out a gap amongst their staff in responding to Adolescent Sexual Reproductive Health and Rights. It was designed to equip nurses with practical knowledge on SRH, counselling and quality service provision so that they become youth friendly thus in turn giving the youth the chance to visit the clinics freely.

##### Community Awareness Campaigns

HCCs from four clinics in Chitungwiza district held a series of awareness campaigns on HIV/AIDS prevention. At least 1000 participants were reached during the 4 campaigns conducted during February 2020. The campaigns were meant to introduce the HCCs to communities, inform communities on the HIV and AIDS prevention services offered at these clinics as well as get feedback from the communities on the services being offered.

All 4 HCCs managed to have campaigns with ANC women aged between 18-30 years. A total of 415 women were reached. The issues discussed included the importance of ANC visits, the need to negotiate and have safe sex with partners even in marriages, the importance of the Elimination of Mother to Child Transmission (EMTCT) and the importance of exclusive breastfeeding.

### 2. Community Centred Advocacy and Awareness on COVID-19

The project seeks to support the government efforts towards strengthening community health structures in response to pandemics. The activities under this project promotes hygiene practices in households and



communities. There is still a lack of knowledge surrounding the Covid-19 pandemic leading to the need for massive awareness raising among communities.

### **Covid-19 Centred Awareness, Campaigns and Youth On-line Trainings**

CWGH held a 4-day awareness training for HCCs and community influencers in Chitungwiza Urban in partnership with the City Health Department and MoHCC. At least 200 participants were reached. It was found out that there was low risk perception among communities; limited reach of testing services; hygiene was generally low due to lack of water and sanitation services and there was absence of social safety nets for the poor.

Covid-19 awareness campaigns were held in October 2020 to increase knowledge levels and reduce complacency among communities. The campaigns were done using mobile trucks with loud speakers.

A total of 20 youths from the four clinics were trained as peer educators. At least two peer educators from each clinic will coordinate and facilitate education sessions via the different social media platforms i.e. WhatsApp, Twitter and Facebook.

### **HCC Monitoring, Support and Supervision**

Monitoring and support visits were then conducted to offer support to all the trained cadres and to evaluate whether they are implementing the skills and knowledge they acquired during the training. It was noted that HCCs have become more active and visible within district activities and recognition from authorities has increased.

### **Future Plans**

There is need to focus on mobilization of resources to support young women and girls and economically empowering the group with sustainable skills so as to reduce the spread of HIV/AIDS and gender based violence caused by poverty.



Training of Community Health Workers on Covid-19 Literacy in Chitungwiza Urban supported by the Embassy of France in partnership with Chitungwiza Municipality



## 10.0 Transparency and Accountability through Citizen Participation in Health Governance in Zimbabwe

Supported by OSISA



### BACKGROUND

The Transparency and accountability through citizen participation in health governance in Zimbabwe was a build-up on over a decade of CWGH work on organizing people's power for health through strengthening and mobilizing community health governance structures to ensure citizen participation. It involved implementation of lessons learnt identified throughout the course of previous work funded by OSISA in Zimbabwe. Evaluation findings of previous OSISA funded project were disseminated to the communities of Kwekwe and Chiwundura in Midlands Province.

### Activities

#### **Community Dissemination Meetings in Chiwundura & Kwekwe**

Community dissemination meetings were held at Chinamasa, Masvori, Chiwundura, Gunde, Kabanga and St Patrick's Mission Clinic in Chiwundura. It was attended by 92 community health workers mainly HCCs, VHWs and traditional leadership. It was explained to the participants that the meetings were supposed to have been held at the beginning of the year but were delayed by the outbreak of Covid-19 that restricted people's movements and gatherings.

In Kwekwe, the meetings were held at AL Davis, Amaveni, Mbizo I and Mbizo II and was attended by at least 61 CHWs. At the meetings, CWGH programme officers shared the evaluation findings, discussed current health facilities' situation, state of HCCs, challenges and way forward.



All masked-up to prevent Covid-19 during a Community Dissemination meeting at Chinamasa Clinic in Chiwundura.

### Emerging issues

Some of the HCCs were still meeting regularly and performing their normal duties at health facilities. However, some had since stopped doing any work, conveniently citing the Covid-19 restrictions.

Some clinics are in poor state with some roofs leaking while others are almost collapsing because of lack of maintenance. Most clinics in both districts are

experiencing serious shortages of drugs especially drugs for non-communicable diseases such as for high blood pressure, diabetes as well as second-line HIV drugs.

### **Recommendations**

CWGH was requested to continue implementing projects in the two districts noting the organisation's absence resulted in poor health service delivery as their advocacy issues are no longer reaching higher offices for resolution. Vungu Rural District Council requested assistance in training HCCs in Lower Gweru.

### **World Bicycle Relief (WBR) Bicycle Distribution**

CWGH distributed bicycles to VHWs at 6 rural health facilities in Chiwundura where the organisation had been implementing the SPSAM programme which ended in 2016 to enable easier and faster travelling of VHWs during the course of their work. The bicycles were distributed at Chinamasa, Masvori, Chiwundura, Gunde, Kabanga and St Patrick's Mission Clinics. Two CWGH district members also benefited during the distribution exercise.

### **Budget Advocacy Training for Journalists**

CWGH convened a health budget advocacy training workshop for journalists in Zimbabwe to build their capacity and willingness to cover health budget issues. It was attended by 22 journalists from all major media houses

across the country. Since 2000, CWGH has been involved in analysing and trying to influence government budget on health and other services.

It was proposed that CWGH should partner with the Zimbabwe Union of Journalists (ZUJ) to produce a reporter's manual (booklet) on health budget reporting for use by journalists as well as formalize the CWGH/ZUJ relationship through a Memorandum of Understanding (MoU).

### **Proposal and Report Writing Workshop**

The organisation held a proposal and report writing workshop in Harare to capacitate CWGH staff to strengthen the organizations' internal capabilities for institutional sustainability. It was attended by 12 CWGH staff members and two officers from GAPWUZ.

The workshop was officially opened by the CWGH Board Chair Dr Dickson Chifamba who emphasized the importance of writing sound and winning proposals for the sustenance of the organization. CWGH Executive Director Itai Rusike said the acquired report writing skills must show after the training adding that any work that was not documented was as good as not done. He said many NGOs in Zimbabwe were folding up because of failure to document and tell their own stories.



Media Consultant Mr Cris Chinaka at the Budget Advocacy Training Workshop for Journalist hosted by the CWGH

## 11.0 Civil Society Organisations Engagement in GFF Processes in Zimbabwe

Supported by PAI



CSO GFF | Hub

### BACKGROUND

Zimbabwe joined the GFF in July 2019 to improve the health and nutrition of the country's citizens. The GFF CSO Platform in Zimbabwe seeks to develop a network of CSO practitioners working with GFF to document, input and monitor the GFF processes in Zimbabwe. Importantly, it builds the capacity for tracking and monitoring GFF processes in Zimbabwe for social dialogue and accountability of services thus strengthen and equip internal capacities of CSOs through supporting information exchange, dialogue in the network and through skills inputs on the Investment Case.

The objectives of the meeting were to bring together CSOs that are working on GFF focus areas for dialogue and even those working to strengthen those focus areas; ensure all participants have a common understanding of the GFF mechanism and define a structure or platform for civil society to engage in the GFF processes.

Civil society's recommendations to strengthen the Health Sector Investment Case (HSIC) outline what needs to be achieved to contribute to Zimbabwe's GFF process. Facilitators presented experience from civil society engagement in country-led GFF processes in Kenya, Uganda and Senegal, which suggests that a coalition which can coordinate civil society engagement around shared objectives is more effective than a fragmented approach.

### Activities

#### CSO GFF platform building and action planning meeting

A small team of Zimbabwean civil society organizations working in the health sector formed an interim coalition steering committee. These are CWGH, supported by Zimbabwe AIDS Network (ZAN), Women's Action Group (WAG), and The Centre for Sexual Health and HIV/AIDS Research Zimbabwe (CeSHAAR Zimbabwe).

The group worked with the CSO GFF Resource and Engagement Hub to design a workshop to orient Zimbabwean health civil society organizations to the GFF and develop plans to engage in the process.

The coalition consists of a steering committee responsible for developing operational guidelines (e.g. a terms of reference); overseeing inputs into the HSIC and developing advocacy materials, pursuing funding opportunities and developing a communication mechanism for members such as a google group.



Zim GFF CSO stakeholders at the CSO GFF Platform Building Workshop



*Participants at the GFF Zim CSO Planning Review Meeting in a Group Session*

### **GFF Zimbabwe CSO Coalition Progress and Review Meeting**

The Zimbabwe GFF CSO Coalition Steering Committee convened a joint progress and review meeting for the coalition group to inform CSOs that are working on GFF focus areas of the progress made by the steering committee since the formation of the coalition as well as share the official update on the national GFF process in Zimbabwe.

During the plenary discussions there was concern over how Reproductive Maternal and Child Health Services in urban areas are still being charged fees while quite a number of clinics have been closed and this has had a negative impact on the health outcomes as women are now reverting to traditional birth attendants. It was clarified that within the remaining funds to be disbursed to

Zimbabwe, some will be allocated towards further strengthening the existing Result Based Financing through extending into urban areas using the urban voucher system.

Delegates also got the opportunity to give input into the national budget. Main concerns raised include: the need to have a waiting mothers' home at every clinic. However, the burden to construct these facilities should not be the sole responsibility of communities, rather the government should take the bigger role.

### **Future Plans**

The project will continue to strengthen and facilitate a coordinated approach towards civil society participation in the GFF processes through implementation of community and national level activities by coalition members.



## 12.0 Budget Advocacy in Zimbabwe

Supported by PAI



### BACKGROUND

The advocacy-based project seeks to increase citizen's influence towards the national health budget ensuring community needs are considered into the budget. It achieved this through organizing community and civil society inputs into documented needs and enabled engagement with duty bearers and policy makers. Media has been an important tool to target audience that will convey community needs to high level individuals and platforms.

### Activities

#### Budget Advocacy Training for Journalists

The CWGH convened a health budget advocacy training workshop for journalists in November 2020 to build their capacity and willingness to cover health budget issues as well as sensitise and inform them of relevant health budget issues. The workshop was attended by 22 journalists from all major media houses across the country. It was facilitated by two health economists and renowned journalist Mr. Cris Chinaka took the journalists on how to write informed pre and post budget analysis articles.

Journalists were informed on their role to put pressure on the government to ensure that international, regional and national commitments are adhered to and implemented. The media can also perform that monitoring role if they are also familiar with the budget process and terminology used, which is why the CWGH convened the meeting.

#### Development of pre and post budget position papers

The pre-budget position paper forms the basis of engagement with government and parliament in advocating for more budget allocation towards health. The 2021 pre-budget paper proposed that the share of GDP on health does not fall as the economy improves and that public spending continue to be above the minimum threshold of 5% of GDP. It called for more investment towards the reduction of maternal, children under 5 years and neonatal mortality. The paper called for a budget that reflected the change in the disease burden and allocate more resources towards NCDs, which historically have accounted for less than 10% of the budget.

The post budget analysis noted that the year 2020 saw the restructuring of the MoHCC into 5 levels – primary, secondary, tertiary, quaternary and the quinary and higher research level – all anchored on a new hierarchy, coupled with organised strategic partnerships and a sustainable funding model - with better health care, productive and well remunerated health workforce. The restructuring was informed by the need to improve effectiveness, efficiency and integration of the ministry with other national institutions. The year 2021 will see the coming in of a New Health Strategy 2021-2025 that will prioritise 10 strategic areas.

Given the above, the 2021 Ministry of Finance and Economic Development (MoFED) Health Budget was therefore supposed to reflect the urgency of tackling the Covid-19 pandemic and its debilitating effects, and also act as a springboard in operationalising the new structure and enhanced vision of the health ministry. Yet the MoFED, chose to focus on the old MoHCC structure, with a token allocation to the newly introduced programme of biomedical engineering, biomedical sciences and biopharmaceuticals.

### Future Plans

CWGH will convene a national level advocacy meeting to ensure access to essential health services, addressing the most vulnerable populations first and ensuring no one is left behind; to commit to investing in the PHC workforce, including paid community health workers and a progressive career pathway for the frontline health workforce and to promote equity in UHC.





## 13.0 Promoting the Sexual and Reproductive Health and Rights of Young People in Bulawayo

With support from Amplify Change



### BACKGROUND

CWGH is implementing a 2-year project supported by Amplify Change that aims to promote the Sexual Reproductive Health Rights (SRHR) of young people in Bulawayo. The project equips youths, emphasising on girls, with skills that enable them to actively take responsibility for their own reproductive health needs, builds their awareness on services available and empowers them to demand these services. The project operates in 5 youth centers of Inyathi, Indlovu, Impande, Mzilikazi and Isilwane in Bulawayo.

### Activities in 2020

Activities done reached out to 1003 youths as implementation of planned activities was affected by the outbreak of the Covid-19 pandemic. Virtual activities were initiated on social media platforms to keep the project alive. The lockdown restrictions prohibited movement and this hampered youth access to SRHR services. Among the activities done include capacity buildings of young people with peer education which includes sessions on SRHR, life skills, counselling and advocacy

### Distribution of PPE

The outbreak of Covid-19 necessitated the distribution of 120 alcohol-based sanitizers and 120 reusable masks to 60 peer educators from all the 5 youth centres. This was a move to protect peer educators as they do their work during the lockdown. Girls received 4 packs of sanitary wear each to ensure their menstrual health was not compromised during the lockdown period.

### Youth Led-Activities

Despite the Covid-19 pandemic young people continued to engage through the WhatsApp group which has 90 active participants made up of recreational leaders, peer educators and other youth oriented stakeholders. The popular bi-weekly discussions gave every peer educator an opportunity to facilitate an online session on different SRHR topics.

### International Condom Day

This day was commemorated on 14 February 2020 in Bulawayo in partnership with AHF, PSI, NAC and the MoHCC under the theme of "Safer is Fun". The activity aimed to educate young people on the consequences of STI's, HIV/AIDS and unintended pregnancies. A total of 399 male and 264 female condoms were distributed by peer educators.

Other commemorations that were held include the Menstrual Hygiene Day; International Day of the Girl Child; Cancer Awareness; Mental Health Awareness campaign, 16 Days of Activism against GBV, the provincial World AIDS



Team CWGH at the Bulawayo Provincial World AIDS Day commemorations



Participants at the CWGH Youth Conference 2020 held in Bulawayo under the theme 'Youth Leadership towards the attainment of SRHR: Young People Act NOW!'

Day that held under the global theme: Global Solidarity, Shared responsibility: Ending AIDS by 2030.

### **Review & Stakeholder meetings**

A review meeting was held in August with a total of 30 peer educators from all the 5 youth centres to take stock of project progress and make plans for the remaining quarter. Two stakeholder meetings were held and a total of 75 participants attended including peer educators, Dot Youth, SRC, YAZ, MMPZT and BCC Health Promotions Department. The engagement offered a platform for youths to engage with stakeholders on topical issues whilst also sharing their 2019 position paper.

### **Pre Budget-Meetings**

The CWGH secretariat and 10 young people attended the national pre-budget consultations that were held in Bulawayo and gave their submissions to the budget committee. Young people gave input to the CWGH position paper that was submitted for input into the 2021 national budget. As a follow up from stakeholders meetings, participants had been encouraged to actively participate in

the budget process to call for increased allocation of resources to health as this will translate to the provision of high quality SRH services.

### **Annual Youth Conference**

The conference was held at Isilwane Nature Reserve in December 2020 where 72 participants including young people, recreational leaders and stakeholders attended. It was held under the theme: Youth Leadership towards the attainment of SRHR: Young People Act Now! It was a platform for sharing their experiences as such peer educators facilitated the sessions. Peer educator alumni members were invited to share their stories as a way of motivation for the current peer educators.

### **Future Plans**

Current project funding ended in 2020 but the project will continue as peer educators will continue manning the centres to continuity of service. Social media platforms will be utilised to share information and provide refresher trainings where necessary.

# 14.0 Community-Centred Advocacy and Awareness on Covid-19 in Harare

With support from WHO



World Health  
Organization  
Zimbabwe

in partnership with City of Harare



## BACKGROUND

This project was part of CWGH interventions that are in line with the Risk Communication and Community Engagement plan as per the country's Covid-19 Zimbabwe National Preparedness and Response Plan (NPRP) and WHO guidelines. It seeks to strengthen and support government efforts in preventing and combating the spread of the pandemic Covid-19. It was designed to strengthen the roles of communities on the infection prevention and control measures, community based surveillance and home based care of Covid-19 patients.

## Activities

### Sensitisation and Planning Meeting

A sensitisation meeting was held in order to sensitize stakeholders about project objectives, expected outcomes and M&E. This was also an opportunity to share updates on the current Covid-19 Risk Communication and Community Engagement (RCCE) situation in Harare as we as agree on training modalities such as social mobilization strategies, participant's selection for the training, venues and dates for district trainings.

Advocacy and Awareness on Covid-19 training in Harare CWGH in partnership with the Harare City Health Department, MoHCC with support from WHO conducted stakeholders training on Covid-19 community-centered advocacy and awareness to more than 401 community influencers in December 2020 in Harare. A total of 8 groups were trained covering Harare's Southern, Western, Northern and Eastern districts. These included CHWs, religious leaders, people with disabilities, HCCs, CHPs, residents' associations, vendors, saloon staff and rank marshals/touts.

Information on Covid-19 epidemiology, prevention and control, community-based surveillance, case management and RCCE were shared with the participants. Community feedback was also obtained and captured under key findings.

Participants were also informed on how to handle suspicious Covid-19 cases i.e. to call the MoHCC toll-free Hotline Numbers: 2019, or the Youth Advocates Helpline toll-free on 393. Importance of Risk Communication was discussed in detail to help stakeholders define risks, identify hazards, assess vulnerabilities and promote community resilience.



Training of Community Health Workers on Covid-19 Literacy in Harare urban with Support from WHO Zimbabwe and in Partnership with City of Harare

## Future Plans

Participants were given reporting templates that will record number of meetings attended, number of people reached and comments from community members on Covid-19. Some M&E visits will be conducted to check on trained cadres including documentation of best practices.



## 15.0 Strengthening Health Literacy Programme in the Farming Communities in Manicaland Province, Zimbabwe

With support from FOS



in partnership with GAPWUZ



### BACKGROUND

CWGH revised its programme expectations due to the Covid-19 pandemic that continues to devastate economies and threatens to destroy progress made in the implementation of the FOS Funded Health Literacy programme for Mutasa and Nyanga farming communities in Manicaland province. Despite the disruption, FOS programme activities resumed but some were not completed.

workers to equip them with the necessary knowledge for Covid-19 information dissemination; food insecurity issues with basic commodities being sold in bond notes or US\$ cash which is not accessible.

It was recommended that HCCs identify participants for Covid-19 awareness training, CWGH to support with PPE & IEC material, government to monitor food supplies and prices during lock down period. HCC to also monitor cases of GBV during the same period.

### Activities

#### **COVID-19 Compliance Monitoring, Support and Supervision Visit**

In May 2020, a Covid-19 compliance assessment was carried out in all the 6 project estates in Nyanga and Mutasa districts. It was found out that there was no adequate information on the virus to farming communities except for the workforce; no awareness training for community health

#### **CWGH Covid-19 Emergency Response & Community Awareness Training**

CWGH in partnership with GAPWUZ supported farming communities with PPE materials including hand sanitizers, disinfectants, gloves, T-shirts and sunhats and washable masks. It helped the community health workers to protect themselves from Covid-19 infection and to motivate them to continue reaching out to communities.



Covid-19 Emergency Response and Community Awareness Training in the Estates Plantations in Nyanga and Mutasa District

Covid-19 awareness trainings were done in June 2020 at the five project estates targeting 65 project cadres such as HCCs, HLFs, CMs & Peer Educators, women action committee and men's action committees, already advancing the health literacy agenda at community level. The trainings were facilitated by MoHCC officials.

### **HCC exchange visit – Kubatana/Allied Saligna Estate**

A total of 61 beneficiaries participated at the inter-district exchange visit held at Kubatana/Allied Saligna Estate in Mutasa district. These were drawn from the five project clinics. The look and learn visit helped to strengthen HCC activities through sharing of ideas and allowing practical peer to peer exchange of ideas.

### **Staff Development Training - Environment and Climate Change**

FOS liaised with LEDRIZ to facilitate a development workshop for 12 CWGH and 2 GAPWUZ members in

November 2020 focusing on environment and climate change to equip them with basic understanding on the impact of climate change on public health. It was also meant to strengthening of the CWGH advocacy desk to influence national programming with a climate change lance and identifying challenges and opportunities associated with human mobility in the context of global diseases, disasters and climate change.

### **Strategic Planning Meeting**

In June 2020, CWGH came up with its Five Year Strategic Planning document, which encompassed digitalization as well as environment and climate change on health programming. These were captured under core values as "Environment conscious" designed to hold environmental protection and counter negative effects of climate change.



Community centred Covid-19 Advocacy and Awareness Campaign



## 16.0 Community Centered Advocacy and Awareness on Covid-19 in Masvingo, Bulawayo and Mutare

Supported by OSISA in  
Partnership with ZADHR



### BACKGROUND

The overall goal of the project is to strengthen community awareness on prevention and control of COVID-19. The project targeted both community and national structures i.e., at community level, some trainings and awareness campaigns were done and at national level, participation in the national coordination task team including media press statements were done.

District Medical Officer, Health Promotion Officers, Local radio stations and HCCs and CWGH District Chapters were held in each of the implementation areas. The meetings ensured a well-coordinated approach of implementation with authorities and other civil society organisations.

### **Production of IEC and procurement of PPE**

T-shirts, hats, masks and posters were produced in order to raise awareness on Covid-19. Messaging was in line with the recommended messaging from the WHO, UNICEF and the Ministry of Health and Child Care.

### **Training Community Health Workers**

A total of 372 Community Health Workers, Health Center Committees and Community Influencers were trained

### Activities

#### **District sensitisation meetings**

Sensitisation meetings with the respective District Development Coordinators, Provincial Medical Director,



Covid-19 Education, Information and Awareness Campaign at a Water Point in Sizinda, Bulawayo in Partnership with ZADHR and with Support from OSISA



Covid-19 literacy and community awareness activity

during the period 18 August to 31 August 2020 in Mutare, Masvingo and Bulawayo comprising of 123 in Mutare, 122 in Masvingo and 127 in Bulawayo. The training was co-facilitated with officials from the District Health Executive, City Council Health Department and COVID-19 taskforce team members.

### **Community awareness campaigns**

There have been Community-Centred Advocacy and Awareness Campaigns on Covid-19 held in Masvingo, Mutare and Bulawayo. Participants included cadres that had been previously trained namely HCC members, Community Health Workers and Community Influencers.

The aim of the campaigns was to increase knowledge levels and reduce complacency among communities on preventive behaviour surrounding COVID-19. There seems to be decreasing levels of compliance to guidelines by community members on preventive measures meant to stop the spreading of COVID-19.

### **Future Plans**

Follow up is currently underway with all the trained cadres giving feedback on the status of how communities are handling the response to COVID-19.





## 18.0 List of CWGH National Members

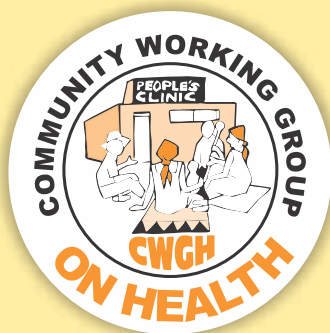
Associated Mineworkers Union of Zimbabwe	(AMWUZ)
Bulawayo Health and Community Welfare Task Force	(BHCWTF)
Bulawayo United Residents Association	(BURA)
CARELITE Counsellors	
Combined Harare Residents Association	(CHRA)
Chinhoyi Residents and Ratepayers Association	(CRRA)
Conference of Religious RC Zimbabwe	
Consumer Council of Zimbabwe	(CCZ)
Counselling Services Unit	(CSU)
General Agriculture Plantation Workers Union of Zimbabwe	(GAPWUZ)
Gweru Residents and Ratepayers Association	(GRRA)
Harare Residents Trust	(HRT)
Informal Traders Association of Zimbabwe	(ITAZ)
Marondera Residents and Ratepayers Association	(MRRA)
Mutare Residents and Ratepayers Association	(MRRA)
National Council for the Disabled Persons of Zimbabwe	(NCDPZ)
Plumtree Aids Project	(PAP)
Public Service Association	(PSA)
Rusape Residents and Ratepayers Association	(RRRA)
Shiloh Zimbabwe	
The AIDS and ARTS Foundation	(TAAF)
Women and AIDS Support Network	(WASN)
Women's Action Group	(WAG)
Zimbabwe Aids Aid Organisation	(ZHAAO)
Zimbabwe Commission for Justice and Peace in Zimbabwe	(CCJPZ)
Zimbabwe Confederation of Midwives	(ZICOM)
Zimbabwe Congress of Trade Unions	(ZCTU)
Zimbabwe Council of Churches	(ZCC)
Zimbabwe Diabetic Association	(ZDA)
Zimbabwe Homeless People's Federation	(ZHPF)
Zimbabwe Network of HIV Positive Women	(ZNPW)
Zimbabwe Network of People Living with HIV/AIDS	(ZNNP+)
Zimbabwe Women's Resource Centre and Network	(ZWRCN)
Zimbabwe Young People Development Coalition	(ZYDPC)
Zimbabwe Human Rights Association	(ZimRights)

## 19.0 CWGH Districts

Buhera, Bubi, Matopos, Mutasa, Nyanga, Arcturus, Bulawayo, Goromonzi (Chikwaka & Arcturus), Chimanimani, Chinhoyi, Chipinge, Hwange, Kariba, Chiredzi, Chirumhanzu, Chitungwiza, Chiwundura, Insiza, Gweru, Kwekwe, Masvingo, Marondera, Mutare, Plumtree, Rusape, Tsholotsho (Sipepa), Chikomba, UMP, Umguza, Umzingwane, Victoria Falls, Zhombe, Bindura (Nyava) and Zvishavane







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